

UCC-1 Form

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **EASTLAND FOOD PRODUCTS, INC.**

Mailing Address: **69 FLETCHER AVE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

SECURED PARTY INFORMATION

Org. Name: **WELLS FARGO BANK, N.A.**

Mailing Address: **800 WALNUT STREET, F0005-044**

City, State Zip Country: **DES MOINES, IA 50309 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 301-0018125-000 2337 60992

COLLATERAL

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